

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Staples			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2015		
Mailing Address US Route 1			Amount 32.67		
City Alexandria	State VA	Zip Code 22314-0000	Transaction ID : E4CF1DF95A3674FF6847		
Purpose of Expenditure IE-DeSantis-Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2015		
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 45245.47			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2015		
Mailing Address PO Box 388			Amount 166.60		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E72C25FFAA72143AD94F		
Purpose of Expenditure IE-DeSantis-Donation Processing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2015		
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 45412.07			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			199.27		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>		[Electronically Filed]		Date MM / DD / YYYY 12 / 01 / 2015	